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B22C (Official Form 22C) (Chapter 13) (01/08)

In re: Tonia M Dean

Case Number:

According to the calculations required by this statement: ☑ The applicable commitment period is 3 years. ☐ The applicable commitment period is 5 years. ☐ Disposable income is determined under § 1325(b)(3). ☑ Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

## **CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME** AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only

	Dow L. DE	PORT OF INC	DME					
		PORT OF INC						
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.							
	a. ☑ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. ☐ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.							
	All figures must reflect average monthly income receive							
1	during the six calendar months prior to filing the bankru			Column A	Column B			
	of the month before the filing. If the amount of monthly	income varied duri	ng the six	Debtor's	Spouse's			
	months, you must divide the six-month total by six, and	the	Income	Income				
	appropriate line.							
2	Gross wages, salary, tips, bonuses, overtime, com			\$3,898.33				
	Income from the operation of a business, profession in the appropriate selection of the appropriate sel							
	Line a and enter the difference in the appropriate colur than one business, profession or farm, enter aggregate							
3	an attachment. Do not enter a number less than zero.							
	business expenses entered on Line b as a deduction	on in Part IV.						
	a. Gross receipts	\$0.00						
	b. Ordinary and necessary business expenses	\$0.00						
	c. Business income	Subtract Line b		\$0.00				
	Rent and other real property income. Subtract Line	b from Line a and e	nter the					
	difference in the appropriate column(s) of Line 4. Do not include any part of of the operating expense							
4	in Part IV.							
	a. Gross receipts	\$0.00						
	b. Ordinary and necessary operating expenses	\$0.00						
	c. Rent and other real property income	Subtract Line b	from Line a	\$0.00				
5	Interest, dividends, and royalties.		\$0.00					
6	Pension and retirement income.			\$0.00				
7	Any amounts paid by another person or entity, on a expenses of the debtor or the debtor's dependents		\$0.00					
′	that purpose. Do not include alimony or separate mai		φυ.υυ					
	paid by the debtor's spouse.							
	Unemployment compensation. Enter the amount in	the appropriate col	umn(s) of Line 8.					
	However, if you contend that unemployment compensation							
8	spouse was a benefit under the Social Security Act, do							
	compensation in Column A or B, but instead state the a	below:						
	Unemployment compensation claimed to be a	Debtor	Spouse					
	benefit under the Social Security Act	\$0.00		\$0.00				
	Income from all other sources. Specify source and							
	sources on a separate page. Total and enter on Line separate maintenance payments paid by your spour							
	of alimony or separate maintenance. Do not include							
9	the Social Security Act or payments received as a viction	m of a war crime, cr						
	humanity, or as a victim of international or domestic ter	rrorism.						
	a.							
	b.							
		\$0.00						

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10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).								
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$3	898.33						
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD								
12	Enter the amount from Line 11.		\$3,898.33						
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.								
	a.								
	b.								
	c.								
	Total and enter on Line 13.		\$0.00						
14	Subtract Line 13 from Line 12 and enter the result.		\$3,898.33						
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.								
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)								
	a. Enter debtor's state of residence: Illinois b. Enter debtor's house	hold size: 4	\$77,634.00						
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed.  The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.								
	The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.								
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DIS	POSABLE INCOM	ΛE						
18	Enter the amount from Line 11.		\$3,898.33						
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.								
	Total and enter on Line 19.		\$0.00						

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20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.					
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.					
22	Applicable median family income. Enter the amount from Line 16.					
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed.  ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.  ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. DO NOT COMPLETE PARTS IV, V, OR VI.					

	Part IV. CALCULATION OF DEDUCTIONS FROM INCOME							
	Nie	41	Subpart A: Deduc					
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for							
	Н	lous	sehold members under 65 ye	ears of age	Но	usehold membe	ers 65 years of	age or older
	a <sup>-</sup>	1.	Allowance per member		a2.	Allowance pe	r member	
	p.	1.	Number of members		b2.	Number of me	embers	
	C′	1.	Subtotal		c2.	Subtotal		
25A	and	d U	Standards: housing and util tilities Standards; non-mortgag ation is available at www.usdo	e expenses for the	appli	cable county and	d household siz	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.    Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47							
	c.	.   1	Net mortgage/rental expense				Subtract Line	b from Line a.
26	and Util	d 25 lities	Standards: housing and util 5B does not accurately computes Standards, enter any additional contention in the space belo	te the allowance to nal amount to whicl	which	you are entitled	under the IRS	Housing and

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	Local Standards: transportation; vehicle operation/public transportation expense.  You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.					
27A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7.					
	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
27B	Local Standards: transportation; additional public transportation expense.  If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  [Indeed a provide a provi					
	a.	IRS Transportation Standards, Ownership Costs				
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47				
	C.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.					
	a.	IRS Transportation Standards, Ownership Costs				
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47				
	C.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.			
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.					
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.					
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.					
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.					

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34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.					
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.					
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.					
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.					
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37					
	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
39	a. Health Insurance					
	b. Disability Insurance					
	c. Health Savings Account					
	Total and enter on Line 39					
	IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:					
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.					
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.					
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.					

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44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.							
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitble contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.							
46	Total Additional Expense	Deductions u	nder § 707(b). Enter the total	of Lines 39 through	45.			
	Τ_		part C: Deductions for De					
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.							
	Name of Cred	litor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?			
	b.				□ yes □ no			
	C.				□ yes □ no			
				Total: Add Lines a, b and c				
48	residence, a motor vehicle, you may include in your dein addition to the payments amount would include any	or other prope duction 1/60th listed in Line 4 sums in default	any of the debts listed in Line or ty necessary for your support of any amount (the "cure amour, in order to maintain possesses that must be paid in order to a nts in the following chart. If ne	or the support of yount") that you must posion of the property avoid repossession	our dependents, pay the creditor . The cure or			
	Name of Cre	editor	Property Securing the De	bt 1/60th of t	he Cure Amount			
	a. b.							
	C.							
				Total: Add	Lines a, b and c			
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.							
	Chapter 13 administrative resulting administrative exp		fultiply the amount in Line a by	the amount in Line	b, and enter the			
	a. Projected average m		13 plan payment.					
50	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				%			
	c. Average monthly adr	ministrative exp	ense of chapter 13 case	Total: Multip	oly Lines a and b			
51	Total Deductions for Deb	t Payment. En	ter the total of Lines 47 throug	h 50.				
		Subp	oart D: Total Deductions f	rom Income				
52	52 <b>Total of all deductions from income.</b> Enter the total of Lines 38, 46 and 51.							

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)							
Total current monthly income. Enter the amount from Line 20.							
Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.							
Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).							
Tota	of all deductions allowed under § 707(b)(2). Enter the amount from Lin	e 52.					
Deduction for special circumstances.  If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57.  YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE.							
	Nature of special circumstances	Amount of e	xpense				
a.							
b.							
Total: Add Lines a, b, and c							
<b>Total adjustments to determine disposable income.</b> Add the amounts on Lines 54, 55, 56, and 57 and enter the result.							
Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.							
				•			
Part VI: ADDITIONAL EXPENSE CLAIMS							
Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
Expense Description Monthly Amount							
	Suppression disable applied applied wage repayment of the altern neces and suppression disable applied and suppression disable applied applied and suppression disable applied applied and suppression disable applied applied applied and suppression disable applied	Total current monthly income. Enter the amount from Line 20.  Support income. Enter the monthly average of any child support payments, fi disability payments for a dependent child, reported in Part I, that you received in applicable nonbankruptcy law, to the extent reasonably necessary to be expendent child, reported in Part I, that you received in applicable nonbankruptcy law, to the extent reasonably necessary to be expendent plans, as specified in \$ 362(b) (1) all amounts wages as contributions for qualified retirement plans, as specified in \$ 362(b) (19).  Total of all deductions allowed under \$ 707(b)(2). Enter the amount from Line Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there alternative, describe the special circumstances and the resulting expenses in line necessary, list additional entries on a separate page. Total the expenses and expounds a performance of the special circumstance of the special circumstance of the special CIRCUMST/EXPENSES NECESSARY AND REASONABLE.  Nature of special circumstances  a.  b.  C.  Nature of special circumstances  a.  b.  Part VI: ADDITIONAL EXPENSE C  Other Expenses. List and describe any monthly expenses, not otherwise state and welfare of you and your family and that you contend should be an additional under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate part monthly expense for each item. Total the expenses.	Total current monthly income. Enter the amount from Line 20.  Support income. Enter the monthly average of any child support payments, foster care payore disability payments for a dependent child, reported in Part I, that you received in accordance applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such of applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such of Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by you wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all rerepayments of loans from retirement plans, as specified in § 362(b)(19).  Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.  Deduction for special circumstances. If there are special circumstances and the resulting expenses in lines a-c below necessary, list additional entries on a separate page. Total the expenses and enter the total YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPEMUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT EXPENSES NECESSARY AND REASONABLE.  Nature of special circumstances  Amount of expenses are special circumstances. Amount of expenses and enter the result.  Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.  Part VI: ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form and welfare of you and your family and that you contend should be an additional deduction funder § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figure monthly expense for each item. Total the expenses.	Total current monthly income. Enter the amount from Line 20.  Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.  Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541 (b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).  Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.  Deduction for special circumstances.  If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57.  YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANTION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE.  Nature of special circumstances  Amount of expense  a.  b.  C.  Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.  Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.  Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for and welfare of you and your family and that you contend should be an additional deduction from your current mounder § 707(b)(2)(A)(ii)(i). If necessary, list additional sources on a separate page. All figures should reflect you monthly expense for each item. Total the expenses.			

60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
	Expense Description			Monthly Amount				
	a.							
	b.							
	C.							
	Total: Add Lines a, b, and c							
	Part VII: VERIFICATION							
		re under penalty of perjury that the is a joint case, both debtors must s		in this statement is true and c	correct.			
61		Date: 07/29/2008	Signature:	/s/ Tonia M Dean	or)			
		Date:	Signature:	(Joint Debto	or, if any)			